

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL N.

89/402408

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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13	✓		/			
14			/			
15	✓		/			
16	✓		/			
17	✓		/			
18	✓		/			
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20			✓			
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23	✓		/			
24			/			
25			✓			
26			✓			
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50						
TOTAL IND.	5		5			
TOTAL DEP.	25	↓	21	↓		
TOTAL CLAIMS	30	↓	26	↓		

TOTAL IND.		1		
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				